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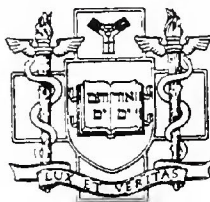
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~~XIX~~

Dissertation
on
Congestive Bilious Fever.

By
Lucius Clark Walton,
of Lyon, Michigan,
Candidate for a License.

It is well known to all who make any pretension to medical knowledge that high atmospheric temperature, sudden vicissitudes of weather, in conjunction with the miasmatic influence are the common causes of those disorders known as remitting & intermitting fevers; and no less true is it that the various forms of periodical ^{rheumatism,} neuralgia so often observed in paludal districts are attributable to the same causes.

From the time of Hippocrates to the present day, no one has written a treatise on the practice of medicine, who has not endeavored to make us acquainted with the etiology pathology & treatment of bilious remitting & intermitting fevers; but in vain shall we attempt to find in our standard works on theory and practice, an accurate description of some of the forms of disease to which the inhabitants of our frontier settlements are liable, & which are just as evidently to be referred to miasmata as a remote cause as are the tertian ague & the bilious remittent of the books.

Of the simpler forms of miasmatal fever nothing will now be said, the remarks which I shall make will be confined exclusively to the more complicated & anomalous forms of paludal diseases so often witnessed in some portions of the United States, & which it may with truth be said, form

a greater share of the diseases which afflict the inhabitants of our new settlements

By many medical writers it is contended that the extent to which the miasm may be carried in a sufficiently concentrated form to exert a deleterious influence upon the human system is very limited: some asserting that half a mile is the utmost extent to which it is carried, & that usually it does not extend more than one fourth of a mile. (Bancroft)

That the distances here spoken of are far too limited can be proved by the experience of every medical practitioner west of lake Erie. There can exist no reasonable doubt that under favorable circumstances the miasmatic influence has proved fatal to persons who resided at the distance of at least two miles from the place where the miasm has been generated. I speak from observation when I say has proved fatal; for though intermittents (and such is the form the disease assumes at so great a distance) in northern latitudes, are considered free from danger; in that form known as "congestive fever", death often takes place in the cold stage. Intervening objects, such as mountains, dense forests, or high walls limit the extent to which the malaria may be carried. It is also observed, & no doubt truly that intervening bodies of water have the same effect; probably

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by absorbing the noxious effluvia. Damp night air have the
power of carrying the malaria to a much greater distance
than the more rarified air of the day. Heavy showers of rain
by precipitating the deteterious principles in the atmos-
phere are well known to have put an almost immedi-
ate stop to the prevalence of bilious disorders. Hard frosts
do the same thing by preventing the generations of new sup-
plies of miasm. Those whose duties require them to be for a long
time exposed to the direct rays of the sun during the day, & espe-
cially if engaged for a long time in some laborious, fatiguing
occupation are much more liable than others to an attack
of some bilious disorder. Exposure to the damp night air which
always prevails in malarious districts, to sudden vicissitudes of
temperature, severe & long continued exertion, the depressing pas-
sions, previous disease, in short anything that has a tenden-
cy to debilitate the system, may be reckoned among the pre-
disposing causes of these diseases. If by proper attention to
the diet the bowels cannot be kept in a healthy condition, recourse
must be had to medicine: scarcely less injurious is an inactive
or constipated condition of the bowels, than a long continued
diarrhoea. Those individuals who are induced by a desire as they
assert to cleanse the stomach & thus prevent the ague, to make

use of some one or more of the thousand nostrums which are advertised as sure preventives of this disease, are almost certain to bring about a state of the system directly calculated to produce it. Drastic Purgatives by their debilitating effects are always hurtful. If any of this class of medicines is needed, none but the mildest laxatives should be used. That state of mind which induces many to swallow every kind of trash which is said by the gossips of the neighborhood to be "good for the ague", to say nothing of the irritation produced in the primæ viæ by the irritating & often disgusting substances themselves is of itself directly calculated to bring on the evil they are striving to prevent. Upon the whole then it may be said that a due regard to diet, proper exercise without undue exertion either of body or mind, avoidance of the damp night air, are the only means necessary in general to avoid an attack of bilious disease.

Congestive fever or as it is called by those out of the profession "chill fever", is nothing more nor less than a quotidian intermittent complicated with ^{congestion of} some internal organ - commonly the brain. This form of fever, though in its commencement as easily managed as the most simple, becomes by neglect a truly formidable malady. Considering the disease as a simple quotidian which will terminate of itself, the patient is permitted to suffer

one paroxysm after another until all hope of benefiting ^{him} by the most judicious treatment is passed & the physician is called to him only in time to witness his death. To use the words of a late writer, - "The chill commences as usual though attended with coma. The hot stage is not well developed, the extremities remain below the natural temperature, & about the body the heat is a little increased, the countenance pale, lips livid, coma continuous, pulse weak. The sweating stage is not well defined, as there is more or less sweating from the beginning, but after a more profuse sweating during which the coma continues, the patient will get up & go about his business, the whole exacerbation having occupied about the same length of time that quotidian do in general. During the sweating and for some time after, the skin on the hands looks as if it had been parboiled, it is so corrugated and bleached. The patient remains very comfortable during the intermission, and the next day about two hours later than the day previous another paroxysm comes on, with less apparent violence than many of the most harmless cases of ague; but a want of full reaction or development of the ^{hot stage of the} disease remains the same, coma more profound & continues some hours longer than the day previous. But the coma gradually subsides, and

at length the patient gets up again and goes about as before until the accession of the next fit when the coma is more profound & still more protracted than before. In this way it goes on till about the sixth paroxysm the patient remains comatose during the whole intermission. When the disease arrives at this stage, the next exacerbation is the last, for he never arouses from the profound stupor into which it throws him and he dies in twelve or twenty four hours."

Such is usually the termination of neglected cases of congestion of the brain. When from any cause, there is a preternatural determination to, or congestion of the lungs, which is most likely to be the case in the spring or late in autumn, the patient exhibits many of the symptoms of hydrothorax, such as difficulty of breathing, especially in a recumbent position; and more or less cough without much expectoration. His countenance however instead of exhibiting the cachectic appearance of the hydroptic, is flushed and livid from the obstruction of the circulation in the lungs. The pulse though tense is small, & if examination be made by auscultation, it will be found

that the heart is beating violently, unable however, to overcome the obstruction to the circulation, the ~~extremi-~~ties cold, the heat of the body in some cases greater than natural, & the whole appearance of the patient is that of extreme anxiety & oppression. He seldom continues longer than the third or fourth paroxysm, unless prompt measures are employed to arrest the disease & relieve the overloaded vessels of the lungs.

Treatment — Should there be a perfect intermission it will be the duty of the physician to put a stop to the further progress of the disease as soon as possible. No time should be lost in endeavoring to prepare the system by the exhibition of emetics & cathartics, for the operation of the bark or quinine. Experience has taught that quinine is not so dangerous an article even in large doses as was once supposed — though it may be presumed that few will venture to follow the example of Dr. Flint, who, as he affirms, gave twenty or thirty grains of quinine at one dose, & in some instances 40 grains in the course of half an hour in cases of simple intermittent (Braithwaite no. 5 p. 65). During the paroxysm, if the brain is oppressed by the distention of the cerebral vessels

the head should be raised high and bladders filled with cold water applied to the shaven scalp, an epispastic to the nape of the neck, sinapisms to the feet; & should not the power of deglutition be completely overcome (calomel & jalapinā grs. 10) should be immediately administered. When the coma is profound, a stimulating enema may be given. During the continuance of the chill, the extremities are to be wrapped in flannels wrung out of hot water, or thoroughly rubbed with warm dry flannels to produce a circulation in them.

Recourse must be had to prompt and efficient blood-letting, without which indeed all other means will prove unavailing. The internal organs are oppressed, & by the unwonted burdens they are made to bear are unable to discharge the duties that naturally devolve upon them, & in no way can they be so promptly relieved as by bleeding. When the congestion of the brain is slight, not producing profound coma, a small quantity of blood may be taken from the temporal artery or jugular vein, but in more violent cases it should be taken from a large orifice, made in a vein of the arm. The two following cases are given to show the danger

of neglecting the employment of venesection, though other judicious measures are adopted, and that in cases apparently hopeless, venesection may immediately check the progress of the disease.

Case 1. A. O. a vigorous young man of twenty two years of age, was attacked with the usual symptoms of fever, and nothing untoward appeared in his case for a number of days, until it was thought by his friends that he showed some signs of delirium, & was too much inclined to sleep. Venesection in intermittents was at this time considered by his physician as an experiment of doubtful propriety. The abstraction of a moderate quantity of blood from the temporal artery, sinapisms to his feet, blisters to the wrists & back of the neck, showering the head with cold water, & the exhibition of purgatives, were all in vain; the patient died, with evident marks of effusion in, & compression of the brain.

Case 2. W. G. S. art. 35, of strong constitution and temperate habits, was attacked with what he considered simple intermittent or common ague. During the cold stage he suffered much from headache & the paroxysm continued without much abatement of

the febrile symptoms for nearly twenty four hours, or until near the time of the accession of the subsequent exacerbation. Notwithstanding the vigorous employment of the usual febrifuge remedies, the coma was seen to become more and more profound at each succeeding fit. It was now determined to try the effect of opening a vein of the arm at the next cold stage, as it was evident the patient would not be able to endure more than one or at most two such paroxysms as he had already passed. Nerve was appropriate treatment more promptly followed by the hoped-for result. The skin which before had been corrugated, harsh & dry, was soon covered with a gentle moisture, other febrile symptoms gave way, & by the administration of suitable tonics the patient was rapidly restored. Notwithstanding the debility in such cases, which is rather apparent than real, venesection should not be delayed, proper care being taken however, to watch the changes in the symptoms during the flow of blood. If the pulse is observed to rise during the operation we may be encouraged to proceed, as we may be sure that by this means the heart & arteries will be relieved of their

burden.

In support of the opinion above stated that periodical rheumatism is produced by the same cause that brings on the ague, acting upon a constitution predisposed to rheumatic affections, I will quote from Dr. McColluch's excellent treatise on malaria. He says—"The most simple case of all, while it is one which ought never to be mistaken is that where a rheumatic pain in some particular muscle is strictly periodical, returning and ceasing in regular paroxysms. Or, the whole body may suffer, or rather there may be so many different muscles affected in some place or other that scarcely any movement can be made in which some one or more of the disordered portions, is not brought into action, conveying to the patient the feeling of a universal rheumatism". Dr. M. here refers to the chronic form of the disease. Of the acute rheumatism he observes—"The question at present is whether there are not acute rheumatisms of the most regular form which are truly modes of the quotidian intermittents, or the remittents possibly, originating from the same causes: & if it shall be decided that this is the fact, & that there is an acute rheumatism generically different, then we shall probably be able to explain

111 the causes of the contests so long maintained with regard to the use of bark in this disease. Though we may doubt, as does the author just referred to, whether all cases of rheumatism are produced by malaria, there can be no doubt that this is the case much more frequently than is generally supposed, and that many cases which are obstinate under the ordinary mode of treatment might be speedily cured by the judicious employment of antiperiodics, and tonics. I was, not long since assured by a distinguished practitioner in this state, that he knew of no remedy so effectual in rheumatism, after the febrile symptoms were somewhat moderated, as the sulphate of quinine.

Whatever other causes may occasionally generate that distressing affection known by the name of *liodolorum* or neuralgia, there can be no doubt in the minds of those who are acquainted with the diseases of the Southern & Western states that it often owes its origin to the same cause that produces bilious fevers.

Dr. Jolly in speaking of this affection affirms that "it is usually unattended with pyrexia; but in some cases it is accompanied by all the general symptoms

of intermittent fevers simple or malignant. But (he 15
continues) what we wish particularly to impress upon the
minds of our younger brethren, is the utility of attending
to those cases which assume a periodical form, leading us
to trace them to the general causes which produce the
triple of agues & remittent complaints - namely, emanations
from the earth. If then these affections resemble
agues, so nearly in their premonitory symptoms - in
their occurring periodically - in their time ^{& manner} of termin-
ation - and finally, in readily yielding to the same
remedies - why may they not with the greatest prop-
riety be referred to the same cause?

But little need be said regarding the treatment
of these affections, as it need differ in no essential par-
ticular from that which is proper in the more common
forms of disease produced by the same cause. The indi-
cations are to correct the morbid secretions of the liver, &
other digestive organs, and to prevent the return of the
paroxysms. The first of these indications is best accom-
plished by the use of alteratives, and for this purpose cal-
omel is probably the best article of the materia medica.
For interrupting the paroxysms there is no remedy so effec-

lual in most cases as the sulphate of quinine. When how-
ever as is sometimes the case in rheumatism, there rema-
ins a subacute, inflammation, or irritation of the vascu-
lar system after depletory measures have been carried as
far as is deemed prudent, instead of giving the more pow-
erful tonics, the sulphate of zinc in small doses, or perhaps
Fowler's solution, will be preferable. If the carbonate of
iron which has been so highly extolled as a remedy in
neuralgia is administered at all, its use must be delay-
ed until all inflammatory symptoms are subdued -
it may then be useful as a tonic. The vegetable deobstru-
ents, as the extract of *Saraxicum*, a decoction of the *Arctium*
lappa, tincture of *Sanguinaria*, or *Aralia nudicaulis*, may
be used during the period of convalescence.

Lucius C. Wallen

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